

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Make America Number 1</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00575373	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 23 / 2016	

Full Name of Payee <b>GLITTERING STEEL LLC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 21 / 2016	
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 20000.00	
City BEVERLY HILLS	State CA	Zip Code 90211	Transaction ID : SE.5785
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2016	
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		20000.00	

Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....▶	20000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JAMES, JACQUELYN, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2016

Signature